

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 14, 2001 8:00 am  
Secretary of State

03-14-2001 90011 011 \*\*\*150.00

DOCUMENT # 65-0977278  
1. Entity Name ON BABY, OY BABY, OY BABY, INC.  
1712 SW 9th ST.  
FT. LAUDERDALE, FL 33312

Principal Place of Business 1712 SW 9th ST. Mailing Address 1712 SW 9th ST.  
FT. LAUDERDALE, FL 33312 FT. LAUDERDALE, FL 33312

A0032740

2. Principal Place of Business Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address Suite, Apt. #, etc.  
City & State  
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0977278 Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

ROBERT J. VRANICAR  
1712 SW 9th ST.  
FT. LAUDERDALE, FL 33312

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<u>PRESIDENT</u>			
	<u>ROBERT J. VRANICAR</u>			
	<u>1712 SW 9th ST.</u>			
	<u>FT. LAUDERDALE, FL 33312</u>			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/5/2001 (954) 463-1025

CR2E034 (11/00)